Name in Full

Geo. W. Blake

Certificate of Death

Died at Town: Kensington County: Montg MARYLAND

Date 189 8 Month: Dec Day: 21" | Age Y. 65 M. D. | Native of Md. | Occupation Gentleman

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ | Number of children living 2

Husband / Wife of X

Father's Name X

Mother's Name X

Cause of Death: Primary 42

Immediate Hemiplegia

How long sick 6 hrs

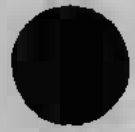
~~Accident, Suicide, Homicide~~

Reported by S. W. L. Lewis

Address Kensington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM



Name in Full Walter Boyd

Certificate of Death

Died at 1/2 mile from Town Goshen County Montgomery MARYLAND

Date 189 5 Month 1/2 Day 6 Age Y. 7 M. D. Native of Occupation

Male ~~White~~ ~~Married~~ Widow ~~Divorced~~

~~Female~~ Colored Single Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Diphtheria 8a

Immediate

How long sick 4 days

Accident, Suicide, Homicide

Reported by Dr. J. H. Dyson

Address Laytonsville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Mary Elizabeth Cole

Died at Town: Germantown County: Montgomery MARYLAND

Date 1898 Month: 12 Day: 1 Age Y. 18 M. 10 D. 8 Native of Md Occupation Housewife

~~Male~~ Female ~~Colored~~ White ~~Single~~ Married ~~Widower~~ ~~Widow~~ ~~Divorced~~ Number of children living one

~~Husband~~ Wife of John Cole

Father's Name Ferdinand Heisler Mother's Name Mary E. Heisler

Cause of Death: Primary Childbirth 121 How long sick 3 days

Immediate Puerperal Convulsions ~~Accident, Suicide, Homicide~~

Reported by I. N. Simpers, M.D.

Address Germantown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Julius Edward Crockett.

Died at Town Calvin John County Montg MARYLAND

Date 1898 Month 12 Day 27 Age Y. 1 M. 11 D. Native of Montg Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Edw E Crockett

Mother's Name Annie E Pyles

86

~~Cause of~~ Death Primary

Immediate Croup (Membranous)

How long sick 24 hrs

Accident, Suicide, Homicide

Reported by W. T. Pratt M.D.

Address Potomac Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Julius Curtis

Died at Town Sugar Land County Montgomery MARYLAND

Date 189 8 Month 12 Day 21 Age Y. 24 M. + D. Native of Md Occupation Laborer

Male ~~Whites~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of Martha Curtis

Father's Name Noah Curtis Mother's Name Alice

Cause of Death Primary Pneumonia 72 How long sick 10-12 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by H B Haddox M.D.

Address Dawsonville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

Name in Full — Certificate of Death

Nellie Virginia Dorsett

Died at — Town: Forest Park — County: Prince [illegible] — MARYLAND

Date 189 5 — Month: Dec — Day: 27 — Age: Y. 1 M. D. — Native of: Md — Occupation:

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name: Phil H Dorsett — Mother's Name: Mary V. Payne

Cause of Death — ~~Primary~~ — Immediate: Hemorrhage of bowels 87

How long sick: 4 hrs

~~Accident, Suicide, Homicide~~

Reported by: Dr. L. Lewis M D

Address: Kensington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Elsie Green

Died at Town: Darnestown County: Montg. Co. MARYLAND

Dato 189 ~~8~~ December Month Day 17th | Age Y. 3. M. 4. D. 7 | Native of Darnestown | Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~

Father's Name Robert H. Green

Mother's Name Mildred Green

Cause of Death: Primary Indigestion | How long sick one day

Immediate Intussusception of bowels & Inflammation | ~~Accident, Suicide, Homicide~~

Reported by Lex Course M.D.

Address Darnestown Montg. Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full | Certificate of Death

Roy Lloyd Heagy

Died at Town: Rockville County: Montgomery MARYLAND

Date 189 8. Dec. Month Day 10th Age ~~Y.~~ M. ~~D.~~ 10 Native of Maryland Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ of

~~Wife~~

Father's Name John M Heagy

Mother's Name Sidonia Pumphrey

Cause of Death: Primary

Immediate Miningitis

How long sick Ten days

~~Accident, Suicide, Homicide~~

39a

Reported by E E Stonesheet M.D.

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Mrs Eliza Knaub

Died ~~at~~ near Town Poolesville County Montgomery MARYLAND

| Date 189 8 | Month Dec, | Day 26 | Age Y. 67. M. D. | Native of | Occupation Housewife |
|---|---|---|---|---|---|

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Jacob Knaub

Father's Name Alfred Stahr

Mother's Name

Cause of Death: Primary Typhoid Fever 1 — How long sick 2 weeks

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by D. N. Walling M.D.

Address Poolesville, Montgomery Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs Christie E. Poole

Certificate of Death

Died at Town: near Poolesville, County: Montgomery, MARYLAND

Date 1898 Month: Dec. Day: 9 | Age Y.: 58. M.: 5 D.: | Native of: Virginia | Occupation: Housekeeper

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~

Number of children living: None

~~Husband~~ / Wife of Thomas H. Poole deceased,

Father's Name: Geo. Fish | Mother's Name: Christie Hemphstone,

Cause of Death: Primary: Valvular Heart disease | How long sick: confined to bed 3 months,

Immediate:

57

Accident, Suicide, Homicide

Reported by: D. M. Wallis

Address: (Montgomery Co) Poolesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name in Full: Walter Prater

Certificate of Death

Died at: Town: 2½ miles from Gosher County: Montg. MARYLAND

Date 189 5 Month 11 Day 14 Age Y. 5 M. 6 D. Native of Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Diphtheria How long sick 6 days

Immediate Accident, Suicide, Homicide

Reported by Vernon H Dixon M.D.

Address Laytonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Andrew Strange Jr. Certificate of Death

Died at Town Poolesville County Montgomery MARYLAND

Date 189 8 Month Dec. Day 4 | Age Y. 18 M. D. | Native of Md. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married , Single | Widow Widower | Divorced Number of children living

Husband of
Wife

Father's Name Andr. Strange | Mother's Name Susan A. Strange

Cause of Death: Primary Bright's Disease 97 | How long sick 5 weeks

Immediate Uraemic Poisoning | Accident, Suicide, Homicide

Reported by J. E. Stevens M.D.

Address Poolesville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988B

Name in Full

Certificate of Death

Samuel C. Thomas

Died at Town: ashton County: montgm MARYLAND

Date 189 8 Month: 12. Day: 12 | Age Y.: 83. M.: 2 D.: 4 | Native of: maryland | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widower~~ | ~~Divorced~~ | Number of children living: None

Husband of Wife: Elizabeth G Thomas

Father's Name: ~~Illegible~~ | Mother's Name: martha Thomas

Cause of Death: Primary: apoplexy 42 | How long sick: 10 days

Immediate: exhaustion

Accident, Suicide, Homicide

Reported by: Roger Brooke

Address: Sandy Spring Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Mike Wallace

Died at Town Seneca County Monty: MARYLAND

Date 189 8 Month 12 Day 17 Age Y. 47 M. + D. + Native of Va. Occupation Lock Tender

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Alice V. Wallace

Father's Name Samuel Wallace Mother's Name Caroline Wallace

Cause of Death Primary Pulmonary Tuberculosis How long sick 3 months

Immediate 22a ~~Accident, Suicide, Homicide~~

Reported by H B Hadley M.D.

Address Dawsonville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 88968

Name in Full | Certificate of Death

Mrs Rebecca Warthen

Died at Town Rockville County Montgomery MARYLAND

Date 189 Month Day Age Y. M. D. Native of Occupation

Dec. 16th 33 4 11 Maryland Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of A C Warthen

Father's Name Thomas Rabbitt Mother's Name Elizabeth Rabbitt

Cause of Death Primary Confinement How long sick Nine days

Immediate Pleuro Pneumonia ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by E E Stonestreet M.D.

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Mrs Catherine Windham

Died at Town Randolph County Montgomery MARYLAND

Month Day Y. M. D. Native of Occupation

Date 1898 March 14th Age 73 Maryland

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of William F Windham

Father's Name Mother's Name

Cause of Death { Primary 72 How long sick Seven days

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by E E Stoneskill M D

Address Rockville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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